

**BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS  
STATE OF WASHINGTON**

2430 Chandler Court SW, PO Box 42401  
Olympia, Washington 98504-2401 [www.biiwa.wa.gov](http://www.biiwa.wa.gov)  
(360) 753-6823

**In re: Warren Peterson**

**Claim Number:** [REDACTED]

**Notice of Appeal** [Print](#) [Close](#)

Today's date:	8/12/2019
Appeal filed by:	Attorney
Appeal filed on behalf of:	Worker/Claimant
First name:	Warren
Middle name:	
Last name:	Peterson
Address:	PO Box 853
City:	East Olympia
State:	WA
Zip Code:	98540
Home telephone:	
Work telephone:	
Interpreter needed:	No
Language:	
L&I Claim number:	[REDACTED]
Date of L&I decision:	6/19/2019
Is this an occupational disease that occurred at a Hanford Nuclear Site:	No
Date of injury/occupational disease:	5/26/2019
City where injury/occupational disease occurred:	
What are you asking for:	We are requesting an allowance of the claim.
Company name:	
In care of:	
Mailing address:	
City:	
State:	WA
Zip code:	
Preparer full name:	Katherine L Mason
Attorney name:	Katherine L Mason
Attorney bar number:	
Firm name:	Law Offices of Katherine L Mason
Address:	4711 Aurora Ave N
City:	Seattle
State:	WA
Zip code:	98103
Work telephone:	206-298-5212
Contact E-mail:	<a href="mailto:crawford@klmason.com">crawford@klmason.com</a>
I desire to have proceedings held in (County):	Thurston
Attachment:	

**Warren Peterson**  
**PO Box 853**  
**East Olympia WA 98540**

